

ORDERING PHYSICIAN INFORMATION

Ordering Physician (full legal name)

NPI #

Facility Name

Tempus Account #

Email (required for report delivery)

Fax

Facility Address (Street, Unit)

City

State

Postal Code

Country

Additional person to be copied

Form completed by

Name

Email/Fax

Facility Name

Name

Email/Fax

Facility Name

PATIENT INFORMATION

Last Name

MI

First Name

DOB (MM/DD/YYYY)

Medical Record #

Biological Sex

 F M Unknown

Email

Phone

Address (Street, Unit)

City

State

Postal Code

Country

BILLING INFORMATION

Primary insurance plan name

Policy #

Group#

Policy Holder Name

Policy Holder DOB

Patient relationship to policy holder: Self Spouse Child Other:Bill Type: Insurance Hospital/Institution Self pay/International

CURRENT CANCER DIAGNOSIS

<input type="checkbox"/> Biliary	<input type="checkbox"/> Colorectal	<input type="checkbox"/> Heme	<input type="checkbox"/> Pancreatic	Disease Status (select all that apply):	Stage:
<input type="checkbox"/> Bladder	<input type="checkbox"/> Endometrial	<input type="checkbox"/> Hepatocellular	<input type="checkbox"/> Prostate	<input type="checkbox"/> Metastatic, refractory, relapsed, or recurrent	
<input type="checkbox"/> Breast	<input type="checkbox"/> Esophageal	<input type="checkbox"/> Melanoma	<input type="checkbox"/> Renal	<input type="checkbox"/> Other	
<input type="checkbox"/> Cancer of Unknown Primary	<input type="checkbox"/> Gastric	<input type="checkbox"/> NSCLC	<input type="checkbox"/> Sarcoma		
<input type="checkbox"/> Cervical	<input type="checkbox"/> Head and Neck	<input type="checkbox"/> Ovarian	<input type="checkbox"/> Thyroid		
<input type="checkbox"/> Central Nervous System			<input type="checkbox"/> Other		

Primary ICD-10 Codes (C, D, & Z codes):

Has the patient had any type of transplant? No Yes; Type:

TESTING OPTIONS

When ordering xT, Tempus will run CDx if requirements are met, and LDT otherwise.

Comprehensive Therapy Selection ¹ xT (DNA), xR (RNA), and tailored testing add-ons by current cancer diagnosis

Liquid biopsy add-ons (select only one):

 Add xF+ concurrently Reflex to xF²

Hereditary add-ons:

 Add CancerNext-Expanded³ +RNAinsight⁴

Comprehensive MRD & Disease Monitoring

 xM (NeXT Personal[®] Dx)Tissue-informed MRD and disease monitoring test³ xM for MRD (Minimal Residual Disease)

Tissue-free MRD test for resectable CRC

Testing is for 12 months unless total number of draws is entered. Please enter total number of draws:

Recurring draw schedule:

 every 4 weeks⁴ every 3 months 1 time
 every 6 weeks⁴ every 6 months

Individual Test Options

SOLID TUMOR & HEME

Tumor + Normal: xT + xR (DNA + RNA)
 Reflex to xF²Tumor Only: xT + xR (DNA + RNA)
 xT (DNA)Heme: xT + xR (DNA + RNA)
 xT (DNA)

LIQUID BIOPSY HEREDITARY

 xF+ CancerNext-Expanded³ xF Add +RNAinsight⁴ xT (DNA) Add +RNAinsight⁴

Add-on Tests

TISSUE-BASED TESTS

 PD-L1 (22C3) PD-L1 (28-8) FOLR1³
 PD-L1 (SP142) HER2 + FISH Reflex³ CLDN18³
 PD-L1 (SP263) MMR c-MET³

ALGORITHMIC TESTS (see our testing resources website for logistics)

 IPS TO (RNA) DPDY HRD PurIST[™] (RNA, Panc) UGT1A1¹ Tempus uses the diagnosis information you provide to determine tests ordered by current cancer diagnosis. See tempus.com/testing-resources/ for tests ordered by current cancer diagnosis.² Reflex to xF in the event xT results in QNS or no actionable variants.³ Powered by a Tempus partner lab.⁴ Available for NeXT Personal[®] Dx only.

SPECIMEN RETRIEVAL

See Tempus' specimen guidelines for collection instructions and further details.

 FFPE Tissue / Bone Marrow Aspirate Submitting pathologist will choose FFPE Tissue if specimen details are not provided.

Pathology Lab (Name, City)

Specimen Collection Facility

Patient status at time of specimen collection:

 Office/Non-Hospital Hospital Outpatient Hospital Inpatient Not yet discharged **OR** Discharge date:

Case Number

Block #

Date of Collection / Biopsy to be scheduled for

 Blood / Saliva / Other Mobile phlebotomy Send saliva kit to patient Sample previously submitted Clinic first draw, mobile phlebotomy subsequent draws (MRD Only)

Patient status at time of specimen collection:

 Office/Non-Hospital Hospital Outpatient Hospital Inpatient Not yet discharged **OR** Discharge date:

Date of Collection:

Specimen Collection Facility:

PHYSICIAN SIGNATURE & CONSENT

By signing and/or submitting the order, I certify that (1) the patient has received an explanation of the purpose, risks, and benefits of the ordered test(s); (2) the ordered test(s) are medically necessary and will inform the patient's treatment plan; (3) unless otherwise set forth on this form, the patient has recurrent, relapsed, refractory, metastatic, or advanced stage III or IV cancer; and (4) the patient has provided informed consent that meets the requirements of applicable law for Tempus or its reference lab to: (a) collect and use the patient's samples (including genetic material) and health information and perform the ordered test(s); (b) obtain, receive, and release health information (including test results) as necessary for reimbursement or the processing of insurance claims; (c) retain and use samples and health information for an indefinite period of time in accordance with applicable law; and (d) de-identify such samples and information and use and share the resulting de-identified samples and information in accordance with applicable law.

In addition, I certify that if xT and xF/xF+ are ordered within 30 days of one another, the order is medically necessary because guidelines support the use of testing, turnaround time for tissue result may delay a treatment decision, the tissue is at risk to fail (e.g. small tissue, archived tissue) and I may not have a timely result to make a treatment decision; and/or genomic heterogeneity may cause available tissue to not be completely representative, and I want to make sure I have a complete mutation profile.

Included Attachments: Copy of patient's progress notes and/or medical records Copy of recent pathology report Copy of insurance card

Ordering Physician Signature:

Printed Name (full legal name):

Today's Date (MM/DD/YYYY):

Test Name	Description	Acceptable Specimen(s)	Kit Type
xCx	FDA-approved 648-gene DNA sequencing test.	FFPE tissue, normal sample must be blood or saliva	Tempus Tissue ●, Blood ●, Saliva ●
xLDT	648-gene DNA sequencing test.	FFPE tissue, or blood (EDTA), or bone marrow aspirate (EDTA)	Tempus Tissue ●, Heme ●
xR	Whole transcriptome RNA sequencing test.	FFPE tissue, or blood (EDTA), or bone marrow aspirate (EDTA)	Tempus Tissue ●, Heme ●
xF	105-gene liquid biopsy tests for solid tumors.	Blood (Streck)	Tempus Blood ●
xF+	523-gene liquid biopsy tests for solid tumors.	Blood (Streck)	Tempus Blood ●
CancerNext®	40-gene hereditary cancer tests , powered by Ambry Genetics.	Blood (EDTA) or saliva	Hereditary Blood (DNA) ●, Hereditary Saliva (DNA) ●
CancerNext-Expanded®	77-gene hereditary cancer tests , powered by Ambry Genetics.	Blood (EDTA) or saliva	Hereditary Blood (DNA) ●, Hereditary Saliva (DNA) ●
+RNAinsight®	Germline RNA sequencing add-on, powered by Ambry Genetics.	Blood (PAXgene®)	Hereditary Blood (DNA+RNA) ●
xM (NeXT Personal® Dx)	Tissue-informed test for monitoring cancer, test by Personalis.	Initial test requires: FFPE tissue, blood (EDTA), and blood (Streck). Subsequent tests require: blood (Streck).	Tempus Tissue ●, xM (NeXT Personal® Dx) Blood ●
xM	Tissue-free MRD for resectable CRC.	Blood (Streck)	Tempus xM MRD Blood ●

xCx logistical details: For details on test requirements and reflex protocols, visit tempus.com/testing-resources.

The following fields are for CancerNext® or CancerNext-Expanded® orders ONLY. Disregard if not testing for hereditary cancers.

RELEVANT CLINICAL HISTORY (Previous cancer diagnosis, GI polyps, etc.)

FAMILY HISTORY

None/No known family history Unknown Adopted

Relationship to patient	Maternal	Paternal	Age at diagnosis	Details of relevant history
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

ANCESTRY

White/Caucasian Native American Middle Eastern
 Hispanic East Asian Ashkenazi Jewish
 Black/African American South Asian Other:

BONE MARROW TRANSPLANT

Personal history of allogeneic bone marrow or peripheral stem cell transplant: Yes No

Note: Using a blood or saliva sample is not appropriate for patients who have undergone an allogeneic bone marrow or peripheral stem cell transplant.

PRIOR PERSONAL OR FAMILY HISTORY OF GENETIC TESTING

No personal or family history of molecular and/or genetic testing.

*For comments related to a prior test result, include the gene and variant (c. and/or p.) AND a test order ID or a copy of the result (required if external lab).

Relationship to patient: Self Family member:

Germline testing *

Microsatellite instability analysis:

Test performed:

Stable (MSS)

Results:

Unstable/High (MSI-High)

Unstable/Low (MSI-Low)

Somatic/tumor testing *

Immunohistochemical staining

Test performed:

Proteins present:

Proteins absent: